



In partnership with Q&J Industrial Group Co. Ltd.

Your DIRECT Connection to Low-Cost, Premium Tires

3111 Bel Air Drive, Suite 11H
Las Vegas, Nevada 89109
Phone: 845-704-7116
www.doubleroadusa.com

PLEASE ATTACH ONE COPY OF EACH OF THE FOLLOWING:

Copy of Business License | Copy of Sales Tax Certificate/ST-2 | Copy of Federal Employee Identification Number/FEIN

PLEASE CHECK ONE BOX FOR ACCOUNT TYPE:

COD: Cash or Certified Check

COD: Company Check

Company Credit Card on File

Net 10

Net 30

Legal Business Name:

Doing Business As (DBA):

Location Address:

City:

State:

Zip:

Office Phone:

Fax:

Cell Phone:

Email:

Website:

Who can Order?

PO Required?

Shipping Address (if different):

City:

State:

Zip:

Email for Online Access (price check/inventory)

Password:

Company Officer/Owner

First Name:

Last Name:

Home Address:

Home Phone:

Driver's Lic. No.:

State:

Date of Birth: Day:

Month:

Year:

Company Officer/Owner

First Name:

Last Name:

Home Address:

Home Phone:

Driver's Lic. No.:

State:

Date of Birth: Day:

Month:

Year:

I hereby authorize the financial institution listed below to release general information required to approve my company for a credit account.

Date:

By (name):

Signature:

Date:

By (name):

Signature:

FOR INTERNAL USE ONLY

Date:

Signature:

Cash/Cert

Comp. Check

Notes:

Credit Card

Open Credit



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BANK REFERENCES

This section to be completed if you are applying for an open account or wish to pay with your company check for COD order.

Bank Name:	Contact Person:	
Phone:	Fax:	
Checking Acct No:	Savings Acct No:	
Account Holder's Name (1):		
Date of Birth:	Driver's License No.	
Home Address:		
City:	State:	Home Phone:
Office Phone:	Mobile Phone:	

Account Holder's Name (2):		
Date of Birth:	Driver's License No.	
Home Address:		
City:	State:	Home Phone:
Office Phone:	Mobile Phone:	

TRADE REFERENCES

We require a minimum of 2 credit references before we can extend credit and/or accept your company check. Since some companies may respond slower than others, supplying additional references may help to expedite this process.

Company Name:	Office Phone:
Contact Person:	Phone:
Fax:	Email:

Company Name:	Office Phone:
Contact Person:	Phone:
Fax:	Email:

Please attach any additional references on a second page and email or fax along with this form

Name:	
Signature:	Date:
<i>I hereby authorize the financial institution named above to release general information required to obtain credit</i>	

Name:	
Signature:	Date:
<i>I hereby authorize the financial institution named above to release general information required to obtain credit</i>	